CAMPAIGN CONTRIBUTIO	NS AND E	XPENSES	REPORT	State	of Nevada
Robin Levy		Schible Schible	4	<u> </u>	-5 strict (if applicable)
Name (print) 930 Pincton	uh C	applicable)	<u>ان</u> ا <u>ن</u>	875 81 Telephone No.	84
Mailing Address (include city and zip code)	daol.	Con			
E-Mail Address	_			LUGUES CO AN	NUMBER OF THE STATE OF THE STAT
Select Appropriate Box(es) CANDIDATE	_PAC _BA(G □ POL PRTY	/ ☐IND EXP☐	AMENDED [] AN	NUAL FILING
Annual Filing - Due Jar Period: January 1, 2003 - Decembe	nuary 15, 20 r 31, 2003	04		FI	LE
Criod. Variably 11 above 100 and 100 a				114 -	a 2004/p
Report #1 — Due August Incumbents in an Office with a 4-year term		2001 — Aug 26, 2	004	, OC1 3	
Incumbents in an Office with a 6-year term	Period: Dec. 20	0, 1998 — Aug 26, 2004 – Aug. 26, 20	2004	DEA	N HELLERTATE
, ui Qui 0.0		, 2002 – Aug 26, 26		SECRET	N HELLER ARY OF STATE
Report #2 Due — October	26, 2004 eriod: Aug. 2	7, 2004 — Oct. 21,	2004		FICE USE ONLY
Report #3 Due — January	15, 2005*				
		2, 2004 — Dec. 31, 2, 2004 <i>-</i> Dec. 5, 2			
Annual Filing - Due Janu	ary 15, 2005				
Period: January 1, 2004 – De * Third Report suffices for 2005 Annu	cember 31, 20	04 ndidate also fil	ed Report Nos.	1 and 2	
					Cumulative
CONTRIBUTIONS S	UMMARY				From Beginning of Report Period
				This Period	#1 through End of This
				11 0	Reporting Period
1. Total Monetary Contributions Rec	eived in Excess	of \$100		4.500.°°	يم م
2. Total Monetary Contributions Rec	ceived of \$100 or	Less		100.2	13,400.
		This Period	Cumulative From		
			Beginning of Report Period #1 Through End of		
			This Reporting		
3. Total Amount of Monetary Con	tributions			11 /10 CO	1 A A A TO 15
Received (Add Lines 1 and 2)	. Bushadia		1	- 000.	102,057.5
 Total Value of In Kind Contribution Excess of \$100 	ns Received in	O	3635.8	- -	
	EXF	PENSES SUI	MMARY	. 🔿	
5. Total Monetary Expenses Paid in	Excess of \$100			7, 434.50	95,857.47
6. Total Monetary Expenses Paid of	\$100 or Less			()	95,857.47 2,800.34 98,657.81
 Total Amount of All Monetary E (Add Lines 5 and 6) 			1	7, 454.30	98,657.81
 Total Value of In Kind Expenses i of \$100 	n Excess	Ö	4215.	<u>%</u>	
v ·					
		AFFIRMATI	ION		
I Declare Under Penalty of Perjury Tha	t the Foregoing	is True and Co	orrect.		
15 m			r.	176 20	or i
KOM Nelly			<u> </u>	+ 26 201	,-
Signature				J Date	4

EL201.doc

Revised: Jan-04

CAMP	AIGN	CONTR	NBUT	ONS

Report Period #2

Robin Levy	ASSembly 25 Office (if applicable)	District (if applicable)
lame (ntint)	China (ii akkiisesis)	

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Cyricater Reno Sparks By Chamber of Commerce	9/2/04	200,≅	
Barrick Goldstrike Ave Mines - 101 Consistation Ave Washington BC	9/1/04	600, ²²	
Barbara Vucanovich 3355 Tamarisk Ren: nv	8/31/04	200.4	
Bulders No. NV. PAC- 1960 Wedekind Keno nv	9/2/04	2.500.ª	
Bruce Goff - 150 Thoma Reno, NV.	9/2/04	250.	
DIVU MZY-4303 Cilling Hase Ren: NV.	9/1/04	520.ª	
NV PSYCHABIL FISIN 313 Flint 61. Reno nv	8/26/04	ast. 4	

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CAMPAIGN EXPENSES	_	Report Period	#3
Robin L	Office (if applicable)	District (if ap	oplicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

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Revised: Jan-04

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

CAMPAIGN EXPENSES	·	Report Period # 2
Ram ley	Assembly Office (if applicable)	District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Majoriy Strategies Alt marchi M. d. 1260 Columbus Office	D	9/1/04	5,000
Major by strategies 114 marconi Atra, 160 Cilumbus alle	D	9/9/04	2,000
Reno gazett mrnal 955 Kuepzii	D	9/7/04	434. 50

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